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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 31 1945 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 460
Registrar's No. 595

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1130 Hodiament Ave.,
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1130 Hodiament Ave.,
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Andrew Joseph Kubayko.

3. (b) If veteran, name war World's War #1. 3. (c) Social Security No. 493-05-4318.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence Kubayko 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Nov. 19, 1893.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

51	1	29	hr. min.
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9. Birthplace Colorado
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name John Kubayko

13. Birthplace Austra, Hungary.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Alamba

15. Birthplace Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Kubayko
(b) Address 1130 Hodiament Ave.,

17. (a) Burial (b) Date thereof Jan. 22/45.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiament Ave.,

19. (c) J. F. Bredenk
(Date received local registrar's signature) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17
year 1945 hour 10.29 minute P.M.

21. I hereby certify that I attended the deceased from October 10, 1944, to January 17, 1945;
that I last saw him alive on January 17, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Adenocarcinoma of the stomach with hepatic metastases 6 mo.
 Due to.....
 Other conditions.....
(Includes pregnancy within 3 months of death)

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

Major findings:
Of operations Adenocarcinoma of stomach & liver
Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?.....
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)
(c) Means of injury.....

23. Signature E. G. Bannick (M.D. or other) DO
Address 6601 Cunningham Ave Date signed 1/19/45

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. E.A. Barnicle,
6651 Enright Ave.,
PA. 2249
10-A.M. on.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *W. Wilkinson*
Licensed Embalmer No. *3575*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.